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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

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## MISSION

**The mission of the Division of Fire Safety  
is to provide fire and life safety  
enforcement and education to all  
citizens so they receive the highest  
quality of services to ensure safety  
and a sense of well being.**



## **CERTIFICATION PROCESS**

The guidelines for the state certification program are designed to ensure the following:

accountability, consistency, and credibility of instruction, testing, and certification of fire fighters in the state of Missouri.

### **Goals of the Certification Program:**

1. To raise the level of fire protection for the State of Missouri.
2. To improve training and education for the fire service of Missouri.
3. Establish minimum basic training standards for fire protection personnel.
4. Issuance of certificates to persons who complete requirements for certification and pass the required state examinations.
5. To maintain records of persons who have attained state certification.

Fire Apparatus Driver/Operator Certification is provided through the Missouri Department of Public Safety, Division of Fire Safety. The Missouri Division of Fire Safety shall certify fire fighters based on a combination of requirements and qualifications.

The Missouri Division of Fire Safety subscribes to the policy of nondiscrimination in areas of race, color, religion, sex, age, national origin, and the handicapped. Entry level qualifications are reviewed to ensure that each applicant meets the specified requirements.



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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

## **Fire Apparatus Driver/Operator Certification**

Certification is granted to those individuals who meet the required qualifications and successfully pass the appropriate Fire Apparatus Driver/Operator certification examination. The requirements for Fire Apparatus Driver/Operator are based on the Standard for Fire Apparatus Driver/Operator Professional Qualifications, NFPA 1002-1998. All qualifications must be met and documentation supplied to the Division of Fire Safety prior to admission to the examination. Applicants have one year from the time of course completion to complete the certification process.

### **I. General Requirements for Driver/Operator Certification**

Certification as Fire Apparatus Driver/Operator will be issued to those individuals who have met the following guidelines and provided documentation verifying:

- A. Applicant must provide verification the applicant has three years of active service within the fire service or a letter of recommendation from the Fire Chief of his or her department.
- B. Applicant must be a resident of Missouri, or employed with a fire department within the State.
- C. Applicant must provide a copy of a valid Missouri driver's license.
- D. Applicant must provide verification of completion of Fire Fighter I certification or equivalent and a qualified Emergency Driving Course.
- E. Applicant must have completed an approved Driver/Operator training program according to NFPA 1002-1998, and provided verification of successful completion of the course and all required practical skills.
- F. Applicant must attain a minimum score of 70% on the appropriate level of the Division of Fire Safety Driver/Operator certification examination.



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## ***DRIVER/OPERATOR CERTIFICATION PROGRAM***

### **II. Driver/Operator Guidelines for Course Approval**

- A. The course must be approved by the Division of Fire Safety as meeting or exceeding the appropriate level of NFPA 1002.
- B. The Lead Course Instructor will verify that the candidate has successfully completed the course and all required practical skills.
- C. Training records for the course shall be maintained by the department and/or Lead Course Instructor.
- D. The Lead Course Instructor and/or department shall agree to inspection of course records during regular business hours if deemed necessary by the Division of Fire Safety.
- E. Courses will be approved only for departments that have completed the statutory requirement of annual registration with the Division of Fire Safety.

### **III. Approved Courses & Test Eligibility**

The candidate for state certification must have attended the Fire Apparatus Driver/Operator course administered by the University of Missouri Fire and Rescue Training Institute in order to be eligible to take the Division of Fire Safety Certification Exam.

Other courses must be submitted and reviewed for approval by the Division of Fire Safety prior to acceptance for the certification exam.



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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

#### **IV. Procedure for Course Approval**

- A. If you are wanting to conduct a Fire Apparatus Driver/Operator Course within your department or agency, and you are using the approved curriculum listed above, you must submit an "Approval Request for Course Delivery" form (enclosed) detailing when and where the course is to be delivered, course completion date, Lead Course Instructor, and the department/agency responsible for record keeping.

NOTE: Courses will not be approved for departments that have not complied with the Missouri Statutory requirement of yearly registration with the Division of Fire Safety.

- B. If you are submitting a **new** course for approval, you will need to submit the following for review:
1. A "Request for New Course Approval" form (enclosed).
  2. Instructor's Guide
  3. Text
  4. Student Workbook
  5. Tests

The Division of Fire Safety will keep all material submitted on file after approval has been granted. The Division shall be notified of any change or revision in course content or support materials.



## **V. Requirements of Lead Course Instructor**

The Lead Course Instructor is defined as the individual responsible for course scheduling, arrangement of assistant instructors, and documentation for the course.

- A. Certification by the Division of Fire Safety at the Driver/Operator level to be taught. The Driver/Operator certification requirement may be waived at the request of the Chief Officer of the authority having jurisdiction in the event no one on the department meets this requirement. It is then suggested that the instructor take the appropriate Fire Apparatus Driver/Operator certification exam with the class.
- B. Five years of experience with the fire service.
- C. Certification as a Fire Service Instructor I (or higher) with the Division of Fire Safety.
- D. Responsible for all training records, course applications and practical skills.
- E. Lead Course Instructor must meet all requirements listed in Section I of this booklet.



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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

## **VI. Applying for Testing and Certification**

- A. Applicants may apply for testing and certification by completing the enclosed "Fire Apparatus Driver/Operator Application for Testing and Certification" form. All parts must be completed for certification consideration.
  - 1. Part I - to be completed by Applicant, stating name and personal information
  - 2. Part II - to be completed by the Lead Instructor, indicating successful Driver/Operator course completion.
  - 3. Part III - to be completed by the Fire Chief, attesting that the applicant has met the criteria established by the Division of Fire Safety and NFPA 1002-1998.
- B. Applicant must complete an "Authorization for Release of Information" form (enclosed).
- C. Applicant must submit a copy of a certificate/training record verifying their successful completion of an approved Fire Apparatus Driver/Operator program. Documentation of successful completion of all practical skills must be submitted prior to certification being issued.
- D. Applicant must provide verification of Fire Fighter I certification or equivalent training and a qualified Emergency Driving Course.





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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

**VII. Administration of Fire Apparatus Driver/Operator Certification Examinations**

Fire Apparatus Driver/Operator Certification Examinations will be generated and administered at least twice annually by the Division of Fire Safety. For information regarding the scheduling of exams, please contact the Division of Fire Safety at (573)751-2930.

***SAMPLE TEST QUESTION***

A fire apparatus with a primary purpose of transporting 1,000 gallons or more of water is considered to be a/an:

- a. attack pumper.
- b. aerial device.
- c. midi-pumper.
- d. tanker/tender.

Applicants will have two hours to complete the 100 question, multiple-choice test for each level. Approximately two weeks following the exam, applicants will be notified by the Division as to whether they passed or failed the exam. The applicant must achieve a score of 70% on the exam in order to qualify for certification.

In the event that an applicant fails the examination, the applicant may apply to retake the examination within one year from original test date. Should an applicant fail the exam a second time, he or she will be required to attend 24-hours of approved driver/operator training and submit documentation of which to the Division of Fire Safety prior to taking the exam a third time.



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***DRIVER/OPERATOR CERTIFICATION PROGRAM***

**VIII. Applying for Fire Apparatus Driver/Operator Equivalency/Reciprocity**

**All Equivalency/Reciprocity applications and supporting documents submitted to the Division of Fire Safety must be reviewed and approved prior to pursuing Missouri State Certification.**

**RECIPROCITY**

Certificates by other IFSAC accredited entities shall be considered for reciprocity to Missouri certification. Applicants possessing IFSAC accredited certification must submit an application for equivalency/reciprocity, an authorization for release of information, and copy of their certificate, clearly indicating the international certification registry number. These individuals must meet all of the General Requirements for Certification as outlined in Section I of this booklet.

**EQUIVALENCY**

All individuals applying for certification by the Division of Fire Safety, having training or certification from another state or training entity not accredited by IFSAC must submit an application for equivalency/reciprocity, an authorization for release of information, and any supporting documentation for the level of which he/she is seeking state certification. If approved to pursue state certification, the individual will also be required to take and successfully complete all required practical skills, if applicable, and pass the Division of Fire Safety's Certification Examination. These individuals must meet all of the General Requirements for Certification as outlined in Section I of this booklet.

**To apply for equivalency/reciprocity, please contact the Division at 573-751-2930 or visit our website at [www.mdfs.state.mo.us](http://www.mdfs.state.mo.us) to download Equivalency/Reciprocity application and authorization for release of information.**



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**IX. Saving Clause**

The qualifications developed in this program shall not be used to render invalid any rank, qualification or appointment acquired prior to the adoption of this program.

**X. Suspension, Revocation, or Denial**

The Director of the Division of Fire Safety may suspend, revoke, or deny certification to anyone when it is found that the individual:

- A. Has knowingly made a material misrepresentation of any information required for certification at any level offered by the Division of Fire Safety.
- B. Has knowingly by any means of false pretense, deception, fraud, misrepresentation or cheating, obtained training or certification.
- C. Has been convicted of or pleaded guilty to a felony.
- D. Fails to achieve a score of 70% on the Division of Fire Safety certification exam or pass all of the required practical skills.



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## **XI. Appeal Process**

Upon the revocation or denial of a certification level, the decision may be appealed in writing to a Board of Appeals within 45 days of the date of the revocation or denial letter.

The Appeal Board will be made up of the following:

State Fire Marshal, Missouri Division of Fire Safety

Director, Missouri Fire & Rescue Training Institute

A representative of the Missouri Department of Public Safety appointed by the Department Director.

The Appeal Board may elect to:

1. Deny the appeal without action
2. Make a recommendation to the Director of the Division of Fire Safety from the written appeal
3. Hold an informal appeal hearing with the individual revoked or denied certification

The Appeal Board shall notify the Director of the Division of Fire Safety and the individual submitting appeal within 90 day of receipt of the appeal.

Failure of any state certification exam **SHALL NOT** be grounds for an appeal.

MISSOURI DIVISION OF FIRE SAFETY  
P.O. Box 844  
Jefferson City, MO 65102



**FIRE APPARATUS DRIVER/OPERATOR**  
**Approval Request For Course Delivery**

**To be Completed for Approval of Course Delivery.**

Department/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Location of course: \_\_\_\_\_

Course Lead Instructor: \_\_\_\_\_

Address of Instructor: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course Curriculum to be used: \_\_\_\_\_

Location of course records: \_\_\_\_\_

Expected completion date of course: \_\_\_\_\_

Person Responsible for Student Records: \_\_\_\_\_

Location of Student Records: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved Granted

Approval Letter Sent

Copy to \_\_\_\_\_

| Date | Initial |
|------|---------|
|      |         |
|      |         |
|      |         |

MISSOURI DIVISION OF FIRE SAFETY  
P.O. Box 844  
Jefferson City, MO 65102



**FIRE APPARATUS DRIVER/OPERATOR**  
**Application for Test Date**

**To be completed by Chief of the Department.**

Fire Department:\_\_\_\_\_ FDID:\_\_\_\_\_

Fire Chief's Name:\_\_\_\_\_

Department Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_ County:\_\_\_\_\_

Phone: (Day)\_\_\_\_\_ (Evening)\_\_\_\_\_

Email Address:\_\_\_\_\_

Test Site Location:\_\_\_\_\_

Test Dates Requested:\_\_\_\_\_ Alternate Test Dates:\_\_\_\_\_

Date course will be completed:\_\_\_\_\_ Number Students to be Tested:\_\_\_\_\_

I hereby confirm that the fire fighters listed on the attached forms are attending or have completed a Driver/Operator program in compliance with NFPA 1002 and are at least 18 years of age.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Confirmation of a test date will be sent to you by the Division of Fire Safety.

**Request must be made at least 60 days prior to the desired Test Date**

**For Office Use Only**

Confirmation letter sent to department:\_\_\_\_\_

Date exam scheduled:\_\_\_\_\_

MISSOURI DIVISION OF FIRE SAFETY  
P.O. Box 844  
Jefferson City, MO 65102



**FIRE APPARATUS DRIVER/OPERATOR**  
**Request For New Course Approval**

**Complete for Course Approval for curriculum other than those listed in Section III.**

Department/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Location of course: \_\_\_\_\_

**Enclose the following:**

☐ Copy of Instructor's Guide

☐ Copy of Text

☐ Copy of Student Manual

☐ Tests

**Request Submitted by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Approved Granted

Approval letter sent

Miscellaneous Information

| Date | Initial |
|------|---------|
|      |         |
|      |         |
|      |         |

MISSOURI DIVISION OF FIRE SAFETY  
P.O. Box 844  
Jefferson City, MO 65102



**FIRE APPARATUS DRIVER/OPERATOR APPLICATION**  
**For Testing and Certification**

**Part I - To be completed by applicant. PRINT LEGIBLY**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fire Department/Agency: \_\_\_\_\_ FDID: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II - To be completed by lead instructor.**

It is hereby confirmed that the above applicant has successfully attended an approved course and meets all prerequisites (*attach documentation*).

Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Testing will be scheduled by the Division of Fire Safety and the department requesting testing.*

**Part III - To be completed by applicant's Fire Chief.**

I certify that the above applicant meets the requirements set by the Division of Fire Safety for Fire Apparatus Driver/Operator certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MISSOURI DIVISION OF FIRE SAFETY  
P.O. Box 844  
Jefferson City, MO 65102



### Authorization For Release Of Information

I, (*Print Full Name*) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and or local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment in this course and certification exam results only to the Chief Officer or his designee of my organization.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Division of Fire Safety Use Only   |       |         |                            |
|--|-------|---------|----------------------------|
|  | Date  | Initial |                            |
| Application Form   | _____ | _____   | Passed Written Exam        |
| Release Form   | _____ | _____   | Practical Skills Checklist |
| HS Diploma/GED   | _____ | _____   | NFPA 1002 Standard         |
| Driver's License   | _____ | _____   | Explain _____              |
| Course Records   | _____ | _____   | _____                      |
| Level - FFI <input type="checkbox"/> Emer. Drivers Course <input type="checkbox"/> |       |         | Data Entry                 |
| Date Certified: _____  |       |         | Letter/Certificate         |
|  |       |         | _____                      |